

Sample Medicare Card

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY JANE DOE			
MEDICARE CLAIM NUMBER 000-00-0000-A		SEX FEMALE	
IS ENTITLED TO HOSPITAL (PART A) MEDICAL (PART B)		EFFECTIVE DATE 07-01-1986 07-01-1986	
SIGN HERE → <u>Jane Doe</u>			